Name in Full

Certificate of Death

John W Brohelle

Town

County

Died at Bohemia Manor Cecil MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1898	12	13	Age	91.	10.	5	Maryland	Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband / Wife of X

Father's Name Peter

Mother's Name Ailsa

Cause of Death — Primary: Senile Atrophy — How long sick: 12 mos

Immediate: X — Accident, Suicide, Homicide

Reported by Dr C Karsner M.D.

Address Chesapeake City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Boyle

Certificate of Death

Died at Town Oakwood County Cecil MARYLAND

Date 1898 Month Dec. Day 4 Age Y. 24 M. D. Native of Pennsylvania Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ 0

Husband of Wife Harlan Boyle

Father's Name Joseph Rhinear Mother's Name Waters

Cause of Death Primary Typhoid Fever How long sick 3 weeks.

Immediate Intestinal Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by J. A. Peeples M. D.

Address Arks Mills Lan Co. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full | Certificate of Death

Isador Boyle

Died at Oakwood (Town) Cecil (County) MARYLAND

Date 1898 Dec. (Month) 4 (Day) | Age Y. 32. M. D. | Native of Maryland | Occupation Clerk

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Lewis Boyle | Mother's Name Eliza Ewing

Cause of Death: Primary Chronic Gastritis | How long sick 12 weeks

Immediate Typhoid Fever | ~~Accident, Suicide, Homicide~~

Reported by J. A. Peeples, M.D.

Address Kirks Mills Lan. Co. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Sarah E Brice

Certificate of Death

Died at Town Zion County Cecil MARYLAND

Date 1898 Month Dec Day 21 | Age Y. 37 M. D. | Native of Md | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Six

~~Husband~~ Wife of William Brice

Father's Name Wm Robinson Mother's Name Mary Husfelt

Cause of Death Primary Brights Disease How long sick 3 months

Immediate Meningitis 97 Accident, Suicide, Homicide

Reported by D L Gifford

Address Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068

Name in Full Mary Cumy Certificate of Death

Died at Town Barksdale County Carl MARYLAND

Date 189 Month Dec Day 30 | Age Y. 76 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Wm Cumy

Father's Name — | Mother's Name —

Cause of Death { Primary 141 Senility | How long sick 6 mos

Immediate | ~~Accident, Suicide, Homicide~~

Reported by J. S. Whitaker

Address Cumy Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full Martha Ann Ewing

Certificate of Death

Died at Town Blake County Cecil MARYLAND

Date 1898 Month Dec Day 28 Age Y. 48 M. D. Native of Pa Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife James Ewing

Father's Name Wm Griffith Mother's Name Susan Griffith

Cause of Death Primary

Immediate Consumption 22a

How long sick 8 months

Accident, Suicide, Homicide

Reported by D L Gifford

Address Bron Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full

Mary Ellen Falls Foord

Certificate of Death

Died at — Town: Elkton — County: Cecil — MARYLAND

Date 1898 — Month: Dec — Day: 30 — Age: Y. 49 M. 3 D. — Native of: Md — Occupation: Homewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of: Samuel B Foord junior

Father's Name: William Falls — Mother's Name: Mary E Dehaven

Cause of Death — Primary: Suppurative Peritonitis Apl 98 — How long sick: 8 months

Immediate: Pneumonia (Nov November) Convalescent — rupture of pus sacks — Cocaine. — Accident, Suicide, Homicide

Reported by: Charles M Ellis

Address: Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Emma Catherine Groves

Died at Town: Charlestown County: Cecil MARYLAND

Date 1898 Month: 12 Day: 16 | Age Y.: 7 M.: 5 D.: 19 | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name: John Groves

Mother's Name

Cause of Death — Primary: Kicked by a horse

Immediate

How long sick

Accident, Suicide, Homicide

Reported by The Star 12-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Rev. John L. Stalsh

Name in Full Julianna Johnson

Certificate of Death

Died at Town Elk Neck County Cecil MARYLAND

Date 1898 Month Dec Day 11 Age Y. 50 M. — D. — Native of Elk Neck Occupation Housewife

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widow~~ Number of children living 7

~~Husband~~ Wife of Wesley Johnson

Father's Name Phillip Robinson Mother's Name Caroline Robinson

Cause of Death Primary Aortic Stenosis How long sick Immediate

Immediate " " 57 ~~Accident, Suicide, Homicide~~

Reported by Geo S. Rittenhouse M.D.

Address North East. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Herbert Earnest Kirk

Town

County

Died at Cayot Corner Cecil MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1898 Dec 11 Age 11 11 Md. Infant

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of X

Wife

Father's Name L. D. Kirk

Mother's Name Ella Kirk

Cause of Death: Primary Marasmus 82 — How long sick Since born

Immediate —

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Wm C Harmer M D

Address Chesapeake City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificete of Death

Sarah Krauss

Died at Town. Harrisville County Cecil MARYLAND

Date 189	Month	Dey	Y.	M.	D.	Native of	Occupetion
	12	29	Age 87				

~~Male~~ Femele | White Colored | ~~Married~~ ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Neme

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Thig 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Oliver Pennington

Town

County

Cecil

Died at

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	12	29	Age 63				

Male ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 6

Husband of ~~Wife~~ Elizabeth Redding

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Hlig 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full Ida R. Pryor

Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 189 8 Month Aug Day 10

Age Y. 1 M. 11 D.

Native of Md

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~

Number of ~~children~~ living 1

Husband / Wife of ~~Mary E. Pryor~~

Father's Name Harry M. Pryor

Mother's Name Mary E. Pryor

Cause of Death: Primary Convulsions 4 days

Immediate "

How long sick 4 days

~~Accident Suicide Homicide~~

Reported by Geo S. Rittenhouse MD

Address North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Charles Leon Rasin

Died at Town: Port Deposit — County: Cecil — MARYLAND

Date 189 8 — Month: Dec. — Day: 28 — Age: Y. 4 M. mo. D. — Native of: Port Deposit — Occupation:

~~White~~ ~~Female~~ Male — Colored — Married — Single — Widow — Widower — Divorced — Number of children living

Husband / Wife of

Father's Name: not Known. — Mother's Name: Lucy Rasin

Cause of Death — Primary — Immediate: Heavy cold — How long sick: 2 da.

Accident, Suicide, Homicide

Reported by: Josiah Lemmon Undertaker

Address: Port Deposit Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Nora Redmon Redmon.

Certificate of Death

Died at: Town: Port Serpent County: Cecil MARYLAND

Date 1898 Month 12 Day 26 | Age Y. 19 M. 3 D. | Native of Talbot Co. | Occupation Nothing

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: None

Father's Name: John T. Redmon

Mother's Name: Eliza A. Redmon

Cause of Death: Primary: Marasmus

Immediate: Epilepsy 47

How long sick: all her life

~~Accident, Suicide, Homicide~~

Reported by: H E Clement

Address: Port Serpent Cecil Co Md.

Silver Cross Home Cons.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Reed

Certificate of Death

Died at Town Pond's Neck County Cecil MARYLAND

Date 189 F Month 12 Day 14 Age Y. 83 M. D. Native of Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Co. News Elkton

Address Dec. 21st

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Chas Ernest Reynolds

Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 189 8 Month Dec Day 21 | Age Y. 2 M. 11 D. 11 | Native of North East | Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ 1

Husband of Wife —

Father's Name Andrew Reynolds Mother's Name Nora Mabel Reynolds

Cause of Death: Primary Pneumonia How long sick 5 days

Immediate 72 ~~Accident [illegible]~~

Reported by Geo S. Ritter Louse M.D.

Address North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full Certificate of Death

Catharine J. Rutter

Died at Town Mechanics Valley County Cecil MARYLAND

Date 1898 Month Day Dec 20 Age Y. M. D. 70 Native of Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Sheldon Rutter

Father's Name Mother's Name

Cause of Death Primary Heart trouble How long sick 10 minutes

Immediate ~~Accident, Suicide, Homicide~~

Reported by B Hunninger

Address North East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full

Certificate of Death

Anna May Scarborough

Died at Town Providence County Cecil MARYLAND

Date 1898 Month 12. Day 18 | Age Y. 9 M. 11 D. | Native of Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name Andrew Scarborough

Mother's Name Ida Badders

Cause of Death: Primary 148

Immediate Drowning

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Wm P. Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Rachel Pierson Short-

Died at Town: Elkton County: Cecil MARYLAND

Date 1898 Month: Dec. Day: 19 | Age Y. 61 M. D. | Native of: Md | Occupation: Housekeeper

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

~~Husband~~ Wife of David Short

Father's Name: Eli Pierson | Mother's Name: Elizabeth Foster

Cause of Death: Primary: Dilated Heart | How long sick: 2 or 3 years

Immediate: Propria Anemia & heart failure | Accident, Suicide, Homicide

Reported by: Charles M. Ellis

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Philip Smeltzer

Certificate of Death

Died at Town / County Cecil MARYLAND

Date 189[illegible] Month 12 Day 31 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Athig 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Asbury M. E. Cemetery.

Name in Full Lottie C Taylor

Certificate of Death

Died at Town Providence County Cecil MARYLAND

Date 1898 Month Dec Day 24 Age Y. 56 M. — D. Native of Md Occupation X

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Geo Taylor

Father's Name Wm Curry Mother's Name Mary Weeks

Cause of Death Primary Heard disease How long sick 4 weeks

Immediate 57 Accident, Suicide, Homicide

Reported by J S Whitaker

Address Cherry Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lydia Hughes Warren

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 Month Dec Day 31 | Age Y. 7 M. 17 D. | Native of Md. | Occupation Infant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Wm B. Warren

Mother's Name Lydia A Chambers

Cause of Death: Primary

Immediate: Catarrhal Pneumonia

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by Charles M Ellis

Address Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full | Certificate of Death

Edmund L. Whitaker

Died at Town: Principio Furnace County: Cecil MARYLAND

Date 1898 Month 12 Day 6 Age Y. 60 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ ~~Wife~~ Husband of Mary McFarland

Father's Name Geo. P. Whitaker Mother's Name

Cause of Death: Primary Heart trouble Apoplexy How long sick

Immediate 42 Accident, Suicide, Homicide

Reported by Cecil Co. News 12-14.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Member of St. Mark's P.E. Ch.,
Perryville